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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 300.00)

Complete if Known **O P T E**

Application Number 09/937,302

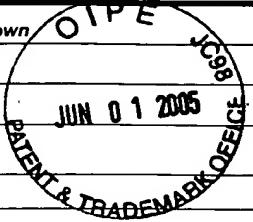
Filing Date 3/27/02

First Named Inventor HULSMANN et al.

Examiner Name WEBMAN, Edward J.

Art Unit 1617

Attorney Docket No. SCHUB-0001



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 13-3402 Deposit Account Name: Millen White Zelano & Branigan, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|----------------|--------------------|----------------|-------------------------|----------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Fee(\$)</u> | <u>Fee(\$)</u> | <u>Fee(\$)</u> | <u>Fee(\$)</u> | <u>Fee(\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> |
|---------------------|---------------------|----------------|----------------------|---------------------------------|
| | | | | <u>Fee (\$)</u> <u>Fee (\$)</u> |
| 21 | -19 or HP= 2 | x 50 | = 100 | 50 25 |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> |
|----------------------|---------------------|----------------|----------------------|--------------------------------------|
| | | | | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| 5 | - 4 or HP= 1 | x 200 | = 200 | 200 100 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x | = | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

| | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 37,432 | Telephone | (703) 812-5338 |
| Name (Print/Type) | James E. Ruland | | | Date | 1 June 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

HULSMANN et al.

Examiner: WEBMAN, Edward J.

Serial No.: 09/937,302

Group Art Unit: 1617

Filed: 3/27/2002

Title: **PHARMACEUTICAL COMPOSITION CONTAINING AN EXTRUSION ADDITIVE**

SUPPLEMENTAL AMENDMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In addition to the Reply filed 22 November 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

06/02/2005 SDENB001 00000047 09937302

01 FC:1201 200.00 0P
02 FC:1202 100.00 0P